



Maryland Medicaid Pharmacy Program  
PRESCRIBER'S STATEMENT OF MEDICAL NECESSITY (SMN)

Synagis® (palivizumab)  
(Only for FFS recipients- Incomplete forms will be returned)  
Tel: 1-800-932-3918  
Fax: 1-866-440-9345

Patient Information

Patient location: \_\_\_\_ home \_\_\_\_ hospital \_\_\_\_ Clinic Request is for ☐ 1st RSV season ☐ 2nd season  
Patient Name: \_\_\_\_\_ MA ID#: \_\_\_\_\_  
Tel#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Weight at birth: \_\_\_\_\_ Kg Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gestational age: \_\_\_\_\_ weeks \_\_\_\_ days Most Current Weight: \_\_\_\_\_ Kg Date measured: \_\_\_\_/\_\_\_\_/\_\_\_\_

Prescriber Information

Prescriber's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_ Fax #: \_\_\_\_\_ NPI#: \_\_\_\_\_

**A copy of Patient's NICU discharge summary must accompany this PA request.**

List all **previously** administered Synagis injections (if any) with dates given:  
\_\_\_\_\_ (max 5 doses)

**Current Request** for Synagis (palivizumab) \_\_\_\_\_ mg. IM every 28 days.

**For refills** - the office is to fax Patient's most current body weight with a history of 3 prior dated weight measurements to the State using the attached Synagis Service PA form.

**Patient must meet ONE of the following criteria (The Program adheres to the 2014 American Academy of Pediatrics (AAP) guidelines):**

- ☐ Infant < 12 months of age born < 29 weeks gestation without chronic lung disease (CLD) or chronic heart disease (CHD).
  - ☐ Infant < 12 months of age born < 32 weeks gestation with CLD of prematurity who received
    - ☐ > 21 percent oxygen for at least the first 28 days after birth
  - ☐ Infant < 12 months of age born with **hemodynamically significant** chronic heart disease (CHD) characterized by (check all that apply):
    - ☐ Acyanotic heart disease
      - ☐ Requires a cardiac surgical procedure
      - ☐ Currently receiving medication to control heart failure. List medications \_\_\_\_\_
    - ☐ Cyanotic heart disease
      - ☐ Pediatric cardiologist has been consulted. List the pediatric cardiologist \_\_\_\_\_
    - ☐ Moderate to severe pulmonary hypertension.
    - ☐ Other \_\_\_\_\_
  - ☐ Infant < 12 months of age born with neuromuscular disease or a congenital heart anomaly that impairs the ability to clear secretions from the upper airway.
  - ☐ Infant < 12 months with Cystic Fibrosis and clinical evidence of CLD or nutritional compromise.
  - ☐ Infant < 2 yrs. of age with CLD of prematurity and for the previous 6 months continues to require medical support with:
    - ☐ chronic corticosteroid therapy ☐ diuretic therapy ☐ supplemental oxygen
  - ☐ Infant < 2 yrs. of age with Cystic Fibrosis that previously received Synagis therapy for an RSV season and one of the following:
    - ☐ previous hospitalization for pulmonary exacerbation in the first year of life
    - ☐ chest computed tomography that persists when stable or abnormalities on chest radiography
    - ☐ weight for length is less than the 10<sup>th</sup> percentile based on WHO growth chart
  - ☐ Infants < 2y/o who are profoundly immunocompromised
  - ☐ Infants < 2y/o who had a cardiac transplant during RSV season
  - ☐ Infants < 2y/o who continue to require prophylaxis after cardio-pulmonary by-pass or following the conclusion of extra-corporeal membrane oxygenation requiring a post-op dose as soon as the infant is medically stable- -Specify date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Other \_\_\_\_\_

If patient has certain health conditions, for which prophylaxis may not be medically necessary, will be reviewed on a case-by-case basis. Consultation with the child's cardiologist or pulmonologist is required.

Original Prescriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy selected: \_\_\_\_\_ Contact Person at Pharmacy: \_\_\_\_\_  
Pharmacy Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax#: \_\_\_\_/\_\_\_\_/\_\_\_\_